P110005339

(Re	equestor's Name)	-		
(Ad	dress)			
· (Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Do	ocument Number)			
Certified Copies	_ Certificate:	s of Status		
Special Instructions to Filing Officer:				
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R. WHITE

COVER LETTER

TO: Amendment Section Division of Corporations

NAME.	OF CORPORATION: ALL ST	ATES CARGO MOVERS, INC.	
	MENT NUMBER: P1400005		
The enc	losed Articles of Amendment and fee	are submitted for filing.	
Please re	eturn all correspondence concerning th	his matter to the following:	
	MARLIN ZAID		
		Name of Contact Person	
	CARZA, COR	RP.	
		Firm/ Company	
	15 SOUTH KI	ROME AVE	
		Address	
	HOMESTEAD	D, FL 33030	
		City/ State and Zip Code	
	CARZA@BELLS	OUTH.NET	
	E-mail address: (to	o be used for future annual report notification)	
For furth	her information concerning this matter	r, please call:	
MAR	RLIN ZAID	at (305) 2487878	
	Name of Contact Person	Area Code & Daytime Telepho	ne Number
Enclose	d is a check for the following amount i	made payable to the Florida Department of State:	
\$35	Filing Fee		us
;	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

Articles of Amendment

FILED

Articles of Incorporation of

14 OCT 14 AM 10: 16

ALL STATES CARGO MOVER	S, INC.	N. Ost.	PARY OF STA	
(Name of Corporation as currently f	filed with the Florida Dept.	of State) ASLAL	iassee, floi	NUA
P14000055339		. ••		
(Document Number o	f Corporation (if known)			-
Pursuant to the provisions of section 607.1006, Floridits Articles of Incorporation:	la Statutes, this <i>Florida Profi</i>	t Corporation ado	pts the following	g amendment(s)
A. If amending name, enter the new name of the c	orporation:			
name must be distinguishable and contain the wo "Corp.," "Inc.," or Co.," or the designation "Corp word "chartered," "professional association," or the	o," "Inc," or "Co". A profe			
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u></u>			
D. If amending the registered agent and/or registe new registered agent and/or the new registered Name of New Registered Agent		a, enter the name	of the	
	(Florida street address)			
New Registered Office Address:	(City)	, Florida	(Zip Code)	
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.		ot the obligations	of the position.	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	MARIANELA FUMER	1700 NW 11TH AVE
✓ Add			HOMESTEAD, FL 33030
Remove			
2) Change		_	
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)	
-		
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		<u> </u>
		•
f an amendment provides for an excl	nange, reclassification, or cancellation of is	ued shares
provisions for implementing the ame	nange, reclassification, or cancellation of issendment if not contained in the amendment	sued shares, itself:
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	nange, reclassification, or cancellation of isendment if not contained in the amendment	ued shares, itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issendment if not contained in the amendment	sued shares, itself:
provisions for implementing the ame	nange, reclassification, or cancellation of issendment if not contained in the amendment	sued shares, itself:
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provisions for implementing the ame	nange, reclassification, or cancellation of issendment if not contained in the amendment	ued shares, itself:
provisions for implementing the ame	endment if not contained in the amendment	itself:

The date of each amendment(s) add	ption:	, if other than the
date this document was signed.		
Effective date if applicable:	(no more than 90 days after amendment file date)	
	(no more than 30 days after amenament file date)	
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adop by the shareholders was/were suff	ted by the shareholders. The number of votes cast for the amendment(s) icient for approval.	
	oved by the shareholders through voting groups. The following statement ach voting group entitled to vote separately on the amendment(s):	
"The number of votes cast fo	or the amendment(s) was/were sufficient for approval	
by	.,	
	(voting group)	
The amendment(s) was/were adop action was not required.	ted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adop action was not required.	ted by the incorporators without shareholder action and shareholder	
Dated_09/26/20	14	
Signature	7	
selected,	ctor, president or other officer – if directors or officers have not been by an incorporator – if in the hands of a receiver, trustee, or other court d fiduciary by that fiduciary)	
	IERSEY F. RODRIGUEZ	
_	(Typed or printed name of person signing)	
F	PRESIDENT	
-	(Title of person signing)	